

CHECK REQUEST

Name	DOC number	Facility	Date
PAYEE:		Date:	\$
Address:			
Explain:			
PAYEE:		Date:	\$
Address:			
Explain:			
Signature	 Date		
Case manager/designee	Signature		Date
Community Corrections Supervisor/designe	e Signature		Date
The contents of this document may be eligible for public will be redacted in the event of such a request. This form	c disclosure. Social Securi m is governed by Executive	ty Numbers are considered order 00-03, RCW 42.56, a	I confidential information and and RCW 40.14.
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DOC 06-074H (Rev. 03/03/20) Scan Code TA04		•	
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DOC 06-074H (Rev. 03/03/20) Scan Code TA04	DOC number	Facility	DOC 200.000
DOC 06-074H (Rev. 03/03/20) Scan Code TA04 Department of Corrections WASHINGTON STATE Name PAYEE:			CHECK REQUEST
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